



David York Agency Home Healthcare

A Commitment to Excellence in Home Healthcare

Exercise Worksheets Booklet

**David York Agency, Ltd.
Home Healthcare
718-376-7755
908-373-5300**

Licensed to serve New York & New Jersey
www.davidyorkagency.com
www.davidyorkhomehealthcare.com/new-jersey

This booklet is courtesy of
David York Agency, Ltd.

David York Home Healthcare Agency

is a family run business since 1984 with a family feeling. The agency was founded over 30 years ago by two Registered Nurses who long realized there was a substantial need for affordable quality home care services provided and supervised by caring individuals. We view our clients as part of the DYA family.

For more workbooks contact our office.



Exercise Worksheets by the Month

Date: _____

Dates for Plan: _____

Name: _____

Personal Trainer: _____

 Phone: _____

Physician/Geriatrician: _____

 Phone: _____

Emergency Contact: _____

 Phone: _____

My Exercise Plan

Worksheets to be filled out and tracked in association with
Healthcare Professional, Fitness Trainer or Caregiver

PHYSICAL FITNESS GOALS

Short Term Goals:

List 2 or 3 things to accomplish over the next few weeks to
help make exercise a part of your daily routine.

1.

2.

3.

Long Term Goals:

List 2 or 3 long term goals for your exercise plan such as
specific physical improvements you would like to see.

1.

2.

3.

Specific Workout Activities

Use this form with your Healthcare Professional or Fitness Trainer to specify the activities for your personal workout routine while incorporating your long term goals.

	Activity		Activity		Activity	
	SuggestedMinutes/ Times per Week (minutes)		SuggestedMinutes/ Times per Week (minutes)		SuggestedMinutes/ Times per Week (minutes)	
Increased Mobility						
	minutes /week	times/ week	minutes /week	times/ week	minutes /week	times/ week
Endurance						
	minutes /week	times/ week	minutes /week	times/ week	minutes /week	times/ week
Upper-Body Strength						
	minutes /week	times/ week	minutes /week	times/ week	minutes /week	times/ week
Lower-Body Strength						
	minutes /week	times/ week	minutes /week	times/ week	minutes /week	times/ week
Balance						
	minutes /week	times/ week	minutes /week	times/ week	minutes /week	times/ week
Flexibility						
	minutes /week	times/ week	minutes /week	times/ week	minutes /week	times/ week



Month of: _____

Workout Routine Monthly View

Once your Healthcare Provider or Fitness Trainer determines specific activities for your routine, schedule them by the month in the chart below.

Date:

Date:

Date:

Date:

Date:

Activity Log: Week of _____

**Keep track of your weekly progress and compliance with
your exercise routine using the forms below.**

Monday

Activity:	# of Minutes	Progress Notes	How I Felt
Total:			

Tuesday

Activity:	# of Minutes	Progress Notes	How I Felt
Total:			



Activity Log - Continued: Week of _____

Wednesday

Activity:	# of Minutes	Progress Notes	How I Felt
Total:			

Thursday

Activity:	# of Minutes	Progress Notes	How I Felt
Total:			



Activity Log - Continued: Week of _____

Friday

Activity:	# of Minutes	Progress Notes	How I Felt
Total:			

Saturday

Activity:	# of Minutes	Progress Notes	How I Felt
Total:			



Activity Log - Continued: Week of _____

Sunday

Activity:	# of Minutes	Progress Notes	How I Felt
Total:			

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Total:			

Activity Log - Continued: Week of _____

Friday

Activity:	# of Minutes	Progress Notes	How I Felt
Total:			

Saturday

Activity:	# of Minutes	Progress Notes	How I Felt
Total:			



Activity Log - Continued: Week of _____

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Choosing the right home healthcare agency is critical to ensuring high quality home care. With David York Agency, you have peace of mind knowing that you will receive exceptional healthcare administered by experienced, compassionate and caring professionals.

Getting Started

From the very first time you call David York Agency, we make every step of the process as easy and comfortable as it can be.

- 1.** An Intake Coordinator will discuss your unique situation and requirements.
- 2.** Within 24 hours of taking on a case, a Nursing Supervisor conducts an initial home visit to develop a comprehensive care plan.
- 3.** We contact your Physician and any other concerned healthcare professionals in order to develop an appropriate treatment plan.
- 4.** We schedule regular visits to your home by a Registered Nurse to make sure the care provided is appropriate and meets your health and rehabilitative needs. Changes and any necessary adjustments are made as often as needed.





David York Agency Home Healthcare

A Commitment to Excellence in Home Healthcare

David York Agency provides Skilled Healthcare Professionals:

- RNs/LPNs
- Home Health Aides
- Personal Care Aides

We Deliver:

- Elderly Care
- Private Duty
- Home Care
- Live In/Live Out
- Transition Care from Hospital to Home

We provide the services you need:

- Bathing, dressing, grooming and personal hygiene
- Meal preparation according to any dietary requirements
- Household tasks and errands
- Personal laundry and shopping
- Escorting to doctors and health care appointments
- Accompany on walks, outings and other pleasant events
- Errands and shopping



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